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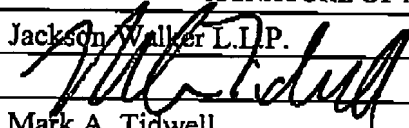
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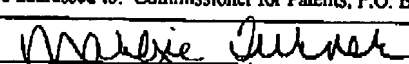
PAGE 1/3 * RCVD AT 8/3/2007 4:11:40 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-5/1 * DNIS:2738300 * CSID:713 752 4221 * DURATION (mm-ss):01-06

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/641.378 | RECEIVED CENTRAL FAX CENTER AUG 03 2007 |
| | | Filing Date | January 28, 2004 | |
| | | First Named Inventor | James W. Schiek, Jr. | |
| | | Art Unit | 3771 | |
| | | Examiner Name | Dixon, Annette Fredricka | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 122999.0001.003 | |

| ENCLOSURES (Check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Jackson Walker LLP | | |
| Signature |  | | |
| Printed Name | Mark A. Tidwell | | |
| Date | August 3, 2007 | Reg. No. | 37,456 |

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| Typed or printed name | Margie Turner | Date | Aug. 3, 2007 |

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| | |
|------------------------|--------------------------|
| Application Number | 09/641,378 |
| Filing Date | January 28, 2004 |
| First Named Inventor | James W. Schiek, Jr. |
| Title | SUPPORT AND UTILITY BELT |
| Art Unit | 3771 |
| Examiner Name | Dixon, Annette Fredricka |
| Attorney Doctot Number | 122999.0001.003 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|-------------------|---------------------|
| Mark A. Tidwell | 37,456 |
| Robert C. Curfiss | 26,540 |
| | |
| | |

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☒ Firm or Individual Name Mark A. Tidwell, JACKSON WALKER L.L.P.

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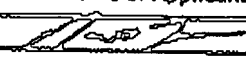
Email mtidwell@jw.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|----------------|
| Signature |  | Date | August 2, 2007 |
| Name | Mark D. Trout | Telephone | 820-426-2676 |
| Title and Company | President/Schiek Sports, Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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